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FAX FILING IN U.S. PATENT & TRADEMARK OFFICE

 DATE: July 14, 2006

TIME: _____

TO:	Commissioner For Patents	FAX NO.:	571-273-8300
FROM:	Christopher A. Rothe	ADMIN. ASST.:	Kathleen Spina
APPLN. NO.:	10/672,225	ATTY. DOCKET NO.:	RCHP-125US1
TITLE OF APPLN.: METHOD OF DETERMINING SURFACE BINDING CAPACITY			
FILING DATE:	September 26, 2003	ART UNIT:	1641
FIRST INVENTOR:	Ivan Alferiev	CONF. NO.:	2873
TITLE OF DOCUMENT (and List of Attachments): Power of Attorney and Correspondence Address Indication Form			
Transmittal Sheet, Executed POA and Address Indication Form with an Executed Statement Under 37 CFR 1.73(b)			

 Total Number of Pages: 4 (Including this form)

COMMENTS

PLEASE NOTE NEW ATTORNEY DOCKET NUMBER RCHP-125US1

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PTO/SB/21 (09-04) (AW 10/2004)

Approved for use through 7/31/2008. OMB 0651-0031

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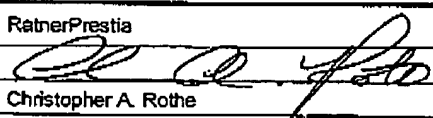
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/672,225
	Filing Date	September 26, 2003
	First Named Inventor	Ivan Alferiev
	Art Unit	1641
	Examiner Name	Venci, David J.
Total Number of Pages in This Submission 4	Attorney Docket No.	RCHP-125US1

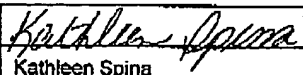
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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-FAX COVER SHEET; EXECUTED POA AND CORRESPONDENCE ADDRESS INDICATION FORM AND STATEMENT UNDER 37 CFR 3.73(b).
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	RatnerPrestia		
Signature			
Printed Name	Christopher A. Rothe		
Date	July 14, 2006	Registration No.	54,650

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to 671-273-8300 the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or Printed Name	Kathleen Spina	Date	July 14, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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PTO/SB/81 (04-05)
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POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/872,225
	Filing Date	September 26, 2003
	First Named Inventor	Ivan Allieriev
	Title	METHOD OF DETERMINING SURFACE BINDING CAPACITY
	Art Unit	1641
	Examiner Name	Venci, David J.
	Attorney Docket Number	RCHP-125US1

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I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23122

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Joseph J. DiDonato	Date	7/16/06
Name	Joseph J. DiDonato	Telephone	215-590-4660
Title and Company	JD, Director-The Children's Hospital of Philadelphia		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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PTO/SB/98 (11-05)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: The Children's Hospital of PhiladelphiaApplication No./Patent No.: 10/672,225Filed/Issue Date: September 26, 2003Entitled: METHOD OF DETERMINING SURFACE BINDING CAPACITYThe Children's Hospital of Philadelphia

(Name of Assignee)

, a Not-for-Profit Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; OR
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014687, Frame 0386, or for which a copy thereof is attached.

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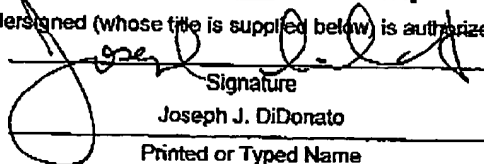
- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 36 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


Signature
Joseph J. DiDonato
Printed or Typed Name

JD, Director

The Children's Hospital of Philadelphia

Title

7-10-06
Date

Telephone Number

215-590-4660

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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